

COUNSELOR-IN-TRAINING AGREEMENT

I, _____, agree to provide the following volunteer services to the Redmond Parks and Recreation Department:

DAYS AND HOURS OF SERVICE: Complete by answering questions 12 and 13 in the application

POSITION: COUNSELOR-IN-TRAINING (CIT)

PROJECT/DUTIES: Assist the Day Camp Staff with the safe instruction of classes for children ages 3-12 years. Duties include: helping to set up and prepare for the program, introducing yourself to participants, offering assistance to staff and campers as well as overall quality customer service, and helping to clean-up at the end of class. With training and support lead an activity of your choice. You will develop an activity, work with the lead staff to gather supplies and review the implementation of the program and then, with assistance if needed, deliver the program to the campers from start to finish. Your input to improve the Day Camp program and the CIT program are also a very important aspect of this training.

I agree to participate in the CIT training week and perform these duties to the best of my ability and to represent the City of Redmond in a courteous and professional manner. I will notify the site supervisor when I am unable to work any of my assigned programs or if I need to cancel my CIT agreement.

Volunteers must:

1. Complete all forms and return by requested date.
2. Be willing to participate fully without being overly supervised (impacting participants experience).
3. CIT's must like children and want to participate as a part of the Parks and Recreation team.
4. We depend on our CIT's. Once assigned to your program dates, we expect you to be there or notify the Parks Department prior if you are unable to come on your assigned date(s).
5. CIT's must dress appropriately. Pants and clothing for indoor/outdoor . Dress for the weather each day. Covered shoes are required.

Agreed to by:

Program Supervisor

Date

Volunteer

Date

MEDICAL INFORMATION AND AUTHORIZATION
Counselor-In-Training

Participants Name _____ Birthdate _____ Age _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Wk Phone: mother _____ father _____

Alternate Emergency contacts:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Doctor/Hospital _____ Phone _____

Special Information: Medications, allergies, physical limitations (bee stings, foods)



PARTICIPANTS ARE REQUESTED TO SIGN THE FOLLOWING RELEASE.
PARENTS OR GUARDIANS MUST SIGN FOR MINORS.

Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by a hospital, physician or certified medical personnel in the event of injury, accident or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless City of Redmond Parks and Recreation Department, park supervisors, instructors, volunteers and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child.

Signature _____ Date _____

Comments: _____

